

1. CIR/DIST/DIV. CODE GUX		2. PERSON REPRESENTED HUANG, JIA WEI		VOUCHER NUMBER																																					
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:06-000023-002		5. APPEALS DKT./DEF. NUMBER																																					
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. HUANG		8. PAYMENT CATEGORY Petty Offense																																					
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.P -- IMPROPER ENTRY BY ALIEN -- FIRST OFFENSE																																					
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES																																									
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: Authorization to obtain the service. Estimated Compensation: \$ _____ OR Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)																																									
<div style="display: flex; justify-content: space-between;"> <div> Signature of Attorney _____ Panel Attorney Retained Atty Pro-Se Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address. </div> <div> Date _____ </div> </div>																																									
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">DISTRICT COURT OF GUAM</div> <div style="font-size: 1.2em; font-weight: bold;">SEP 12 2006</div> <div style="font-size: 1.2em; font-weight: bold;">MARY L.M. MORAN</div> <div style="font-size: 1.2em; font-weight: bold;">CLERK OF COURT</div>																																									
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)			Telephone Number: _____ 14. TYPE OF SERVICE PROVIDER <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">01 Investigator</td> <td style="width: 50%;">20 Legal Analyst/Consultant</td> </tr> <tr> <td>02 <input checked="" type="checkbox"/> Interpreter/Translator</td> <td>21 Jury Consultant</td> </tr> <tr> <td>03 Psychologist</td> <td>22 Mitigation Specialist</td> </tr> <tr> <td>04 Psychiatrist</td> <td>23 Duplication Services (See Instructions)</td> </tr> <tr> <td>05 Polygraph Examiner</td> <td>24 Other (specify) _____</td> </tr> <tr> <td>06 Documents Examiner</td> <td></td> </tr> <tr> <td>07 Fingerprint Analyst</td> <td></td> </tr> <tr> <td>08 Accountant</td> <td></td> </tr> <tr> <td>09 CALR (Westlaw/Lexis, etc)</td> <td></td> </tr> <tr> <td>10 Chemist/Toxicologist</td> <td></td> </tr> <tr> <td>11 Ballistics Expert</td> <td></td> </tr> <tr> <td>13 Weapons/Firearms/Explosive Expert</td> <td></td> </tr> <tr> <td>14 Pathologist/Medical Examiner</td> <td></td> </tr> <tr> <td>15 Other Medical Expert</td> <td></td> </tr> <tr> <td>16 Voice/Audio Analyst</td> <td></td> </tr> <tr> <td>17 Hair/Fiber Expert</td> <td></td> </tr> <tr> <td>18 Computer (Hardware/Software/Systems)</td> <td></td> </tr> <tr> <td>19 Paralegal Services</td> <td></td> </tr> </table>			01 Investigator	20 Legal Analyst/Consultant	02 <input checked="" type="checkbox"/> Interpreter/Translator	21 Jury Consultant	03 Psychologist	22 Mitigation Specialist	04 Psychiatrist	23 Duplication Services (See Instructions)	05 Polygraph Examiner	24 Other (specify) _____	06 Documents Examiner		07 Fingerprint Analyst		08 Accountant		09 CALR (Westlaw/Lexis, etc)		10 Chemist/Toxicologist		11 Ballistics Expert		13 Weapons/Firearms/Explosive Expert		14 Pathologist/Medical Examiner		15 Other Medical Expert		16 Voice/Audio Analyst		17 Hair/Fiber Expert		18 Computer (Hardware/Software/Systems)		19 Paralegal Services	
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15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. YES NO																																									
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)				AMOUNT CLAIMED																																					
a. Compensation																																									
b. Travel Expenses (lodging, parking, meals, mileage, etc.)																																									
c. Other Expenses																																									
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS <div style="text-align: right;"> TIN: _____ Telephone Number: _____ </div> <div style="margin-top: 10px;"> CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS Final Interim Payment Number _____ Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____ </div>																																									
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____																																									
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES																																					
22. TOT. AMT APPROVED/CERTIFIED 23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____																																									
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES																																					
27. TOTAL AMOUNT APPROVED																																									
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____																																									